Example: #1							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 No E/R or Surgical CPT/HCPCS Present, Proceed to Step 5**
01	301	LAB/CHEMISTRY	80053	COMPREHENSIVE METABOLIC PANEL	1	$149.00	**Line 1 - Step 5 Procedure Specific Rate Found, Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
02	301	LAB/CHEMISTRY	84550	URIC ACID; BLOOD	1	$35.00	**Line 2 - Step 5 Procedure Specific Rate Found, Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
03	305	LAB/HEMATOLOGY	85027	BLOOD COUNT; COMPLETE (CBC)	1	$43.00	**Line 3 - Step 5 Procedure Specific Rate Found, Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
04	307	LAB/UROLOGY	81001	URINALYSIS, BY DIP STICK	1	$43.00	**Line 4 - Step 5 Procedure Specific Rate Found, Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
05	762	OBSERVATION ROOM	99234	OBSERVATION OR INPATIENT HOSPITAL	1	$175.00	**Line 5 - Step 5 Procedure Specific Rate Found, Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
06						$445.00	

Example: #2							
BILL TYPE:	*851*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present Proceed to Step 3 for all lines except Line 2; Proceed to Step 5 for Line 2**
01	251	DRUGS/GENERIC			2	$96.95	**Line 1 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 value line at $0.00**
02	450	EMERGENCY ROOM	99282	EMERGENCY DEPARTMENT VISIT	1	$134.25	**Line 2 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
03						$231.20	

Example: #3							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present; Proceed to Step 3 for all lines except Lines 2 and 3; Proceed to Step 5 for Lines 2 and 3**
01	250	PHARMACY			2	$62.40	**Line 1 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 value line at $0.00**
02	450	EMERGENCY ROOM	99283	EMERGENCY DEPARTMENT VISIT	1	$269.40	**Line 2 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
03	450	EMERGENCY ROOM	90782	THERA., PROPHYLACTIC OR DIAG INJECT	1	$139.10	**Line 3 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
04	730	EKG/ECG	93005	ELECTROCARDIOGRAM	1	$235.40	**Line 4 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
05						$706.30	

Example: #4							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 No E/R or Surgical CPT/HCPCS Present, Proceed to Step 5**
01	450	EMERGENCY ROOM	99282	EMERGENCY DEPARTMENT VISIT	1	$335.00	**Line 1 - Step 5 Procedure Specific Rate Found, Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
02						$335.00	

Example: #5

BILL TYPE: *131*

LINE #	REV. CODE	DESCRIPTION	HCPC/CPT CODE	DESCRIPTION	UNIT BILLED	BILLED CHARGE	Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present; Proceed to Step 3 for all lines except Lines 15, 16, and 17; Proceed to Step 5 for Lines 15, 16, and 17
01	250	PHARMACY			2	$7.20	Line 1 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 value line at $0.00
02	270	MED-SUR SUPPLIES			1	$65.00	Line 2 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 value line at $0.00
03	272	STERILE SUPPLY			1	$75.00	Line 3 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 value line at $0.00
04	300	LABORATORY	87110	CULTURE, CHLAMYDIA	1	$78.75	Line 4 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier
05	300	LABORATORY	80053	COMPREHENSIVE METABOLIC PANEL	1	$112.82	Line 5 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier
06	300	LABORATORY	83690	LIPASE	1	$14.28	Line 6 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier
07	300	LABORATORY	87210	SMEAR, PRIMARY SOURCE WITH INTERF	1	$26.25	Line 7 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier
08	300	LABORATORY	87324	INFECTIOUS AGENT ANTIGEN DETECT	1	$41.48	Line 8 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier

09	305	LAB/HEMATOLOGY	85027	BLOOD COUNT; COMPLETE (CBC)	1	$18.90	**Line 9 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
10	306	LAB/BACT-MICRO	87081	CULTURE, PRESUMPTIVE	1	$63.00	**Line 10 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
11	306	LAB/BACT-MICRO	87205	SMEAR, PRIMARY SOURCE WITH INTERPR	1	$28.35	**Line 11 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
12	307	LAB/UROLOGY	81001	URINALYSIS	1	$20.98	**Line 12 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
13	402	ULTRASOUND	76801	ULTRASOUND, PREGNANT UTERUS	1	$299.00	**Line 13 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
14	402	ULTRASOUND	76817	ULTRASOUND, PREGNANT UTERUS	1	$211.00	**Line 14 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
15	450	EMERGENCY ROOM	51702	INSERT TEMP INDWELLING BLADDER CAT	1	$110.00	**Line 15 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
16	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTIO	2	$234.00	**Line 16 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**

17	450	EMERGENCY ROOM	99285	EMERGENCY DEPARTMENT VISIT	1	$1,250.00	**Line 17 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
18	636	DRUGS/DETAIL CODING	J2270	INJECTION, MORPHINE SULFATE	1	$23.35	**Line 18 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
19	636	DRUGS/DETAIL CODING	J2550	INJECTION, PROMETHAZINE HCL	1	$23.05	**Line 19 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
20	636	DRUGS/DETAIL CODING	J7030	INFUSION, NORMAL SALINE	2	$57.60	**Line 20 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed units of 2 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
21						$2,760.01	

Example: #6							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present; Proceed to Step 3 for all lines except Lines 8 and 9; Proceed to Step 5 for Lines 8 and 9**
01	300	LABORATORY	80069	RENAL FUNCTION PANEL	1	$72.90	**Line 1 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
02	300	LABORATORY	83735	MAGNESIUM	1	$13.89	**Line 2 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
03	320	DX X-RAY	71020	RADIOLOGIC EXAMINATION, CHEST	1	$200.00	**Line 3 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
04	320	DX X-RAY	72050	RADIOLOGIC EXAMINATION, SPINE	1	$350.00	**Line 4 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
05	320	DX X-RAY	72070	RADIOLOGIC EXAMINATION, SPINE	1	$149.10	**Line 5 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
06	320	DX X-RAY	72100	RADIOLOGIC EXAMINATION, SPINE	1	$260.00	**Line 6 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**

07	320	DX X-RAY	72170	RADIOLOGIC EXAMINATION, PELVIS	1	$140.00	**Line 7 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
08	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTIO	2	$234.00	**Line 8 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed units of 2 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
09	450	EMERGENCY ROOM	99283	EMERGENCY DEPARTMENT VISIT	1	$450.00	**Line 9 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
10	636	DRUGS/DETAIL CODING	J2270	INJECTION, MORPHINE	1	$23.35	**Line 10 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
11	636	DRUGS/DETAIL CODING	J2765	INJECTION, METOCLOPRAMIDE HCL	1	$20.05	**Line 11 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
12	636	DRUGS/DETAIL CODING	J7030	INFUSION, NORMAL SALINE	1	$28.80	**Line 12 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
13	730	EKG/ECG	93005	ELECTROCARDIOGRAM	1	$50.00	**Line 13 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
14						$1,992.09	

Example: #7							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present; Proceed to Step 3 for all lines except Lines 7 and 8; Proceed to Step 5 for Lines 7 and 8**
01	250	PHARMACY			14	$482.00	**Line 1 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 value line at $0.00**
02	255	DRUGS/INCIDENT RAD			2	$98.70	**Line 2 - Step 3 Revenue Code Bundled under E/R; Proceed to Step 4; Step 4 value line at $0.00**
03	300	LABORATORY	*36415*	ROUTINE VENIPUNCTURE	1	$14.30	***Line 3 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier***
04	305	LAB/HEMATOLOGY	85380	FIBRIN DEGRADATION PRODUCTS	1	$133.20	**Line 4 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
05	324	DX X-RAY/CHEST	71010	RADIOLOGIC EXAMINATION, CHEST	1	$141.00	**Line 5 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
06	341	NUC MED/DX	78585	PULMONARY PERFUSION IMAGING	1	$1,494.30	**Line 6 - Step 3 Revenue Code Not Bundled under E/R; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
07	450	EMERGENCY ROOM	99284	EMERGENCY DEPARTMENT VISIT	1	$561.00	**Line 7 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**

08	450	EMERGENCY ROOM	90784	THERAPEUTIC OR DIAGNOSTIC INJECTIO	4	$278.20	**Line 8 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 multiple the allowed units of 4 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
09						$3,202.70	

Example: #8							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present; Proceed to Step 3 for all lines except Line 3; Proceed to Step 5 for Line 3**
01	270	MED-SUR SUPPLIES			1	$5.15	***Line 1 - Step 3 Revenue Code Bundled under Surgery; Proceed to Step 4; Step 4 value line at $0.00***
02	760	TREATMENT ROOM			2	$57.08	***Line 2 - Step 3 Revenue Code Not Bundled under Surgery; Proceed to Step 5; Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier***
03	920	OTHER DX SVS	59025	FETAL NON-STRESS TEST	1	$231.75	**Line 3 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
04						$293.98	

Example: #9							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed; Proceed to Step 2; Step 2 E/R or Surgical CPT/HCPCS Present; Proceed to Step 3 for all lines except Line 2; Proceed to Step 5 for Line 2**
01	250	PHARMACY			3	$9.00	**Line 1 - Step 5 Procedure Specific Rate Not Found; Proceed to Step 9; Step 9 Multiple allowed charges by Cost to Charge Ratio**
02	456	URGENT CARE	99203	OFFICE OR OTHER OUTPATIENT VISIT	1	$300.00	**Line 2 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
03						$309.00	

Example: #10							
BILL TYPE:	*131*						
LINE #	**REV. CODE**	**DESCRIPTION**	**HCPC/CPT CODE**	**DESCRIPTION**	**UNIT BILLED**	**BILLED CHARGE**	**Overall Claim - Step 1 Passed, Proceed to Step 2; Step 2 No E/R or Surgical CPT/HCPCS Present, Proceed to Step 5**
01	402	ULTRASOUND	76819	FETAL BIOPHYSICAL PROFILE	1	$254.81	**Line 2 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
02	760	TREATMENT ROOM			1	$28.54	**Line 1 - Step 5 Procedure Specific Rate Not Found; Proceed to Step 9; Step 9 Multiple allowed charges by Cost to Charge Ratio**
03	920	OTHER DX SVS	59025	FETAL NON-STRESS TEST	1	$231.75	**Line 2 - Step 5 Procedure Specific Rate Found; Proceed to Step 6; Step 6 Muliply the allowed unit of 1 by rate; Proceed to Step 8; Step 8 Apply Peer Group Modifier**
04						$515.10	

EXAMPLE VALIDITY EDITS -

1. VALID PROCEDURE (USING RF110)
2. VALID PROCEDURE TO REVENUE CODE RELATIONSHIP (USING RF773)
3. VALID MODIFIER TO PROCEDURE CODE RELATIONSHIP (USING RF122)
4. COVERED PROCEDURE (USING RF123)
5. OUTPATIENT LIMITS FOR PROCEDURE CODE (RF127)
6. OUTPATIENT CCI UNBUNDLING SITUATIONS (RF128)

REFERENCE TABLES -

PR050 PROVIDER SPECIFIC RATE SCHEDULE
RF126 PROCEDURE OPFS PRICE
RF127 PROCEDURE OPFS CODES INICATORS AND VALUES
RF128 OPFS CCI
RF723 LIMIT OVERRIDE MODIFIERS
RF728 OVERRIDE MODIFIER ACTION CODES
RF789 MULTIPLE SURGERY EXCEPTION TABLE
RF796 OPFS BUNDLED REVENUE CODES
RF797 OPFS BUNDLED RATE DRIVER

OUTPATIENT HOSPITAL CLAIM PRICING/ENCOUNTER VALUATION PROCESS - for each line:

Step 1 - All claims/encounters are editted to ensure validity of data submitted.
If validity editing is passed
Proceed to *Step 2*
If validity editing is not passed
Claim/encounter does not proceed further into the process until resolved

Step 2 - Determine if a E/R or Surgical CPT/HCPCS is Present on the line,
If an E/R or Surgical CPT/HCPCS is Present
Validate against Bundled Rate Driver Table - RF797
If Found
Proceed to *Step 3*
If Not Found
Proceed to *Step 5*
If no E/R or Surgical is Present
Proceed to *Step 5*

Step 3 - Determine if other Revenue Codes on the claim are to be bundled under the E/R or Surgical CPT/HCPCS by validating against RF796,
If Found
Proceed to *Step 4*
If not Found
Proceed to *Step 5*

Step 4 - Value E/R or Surgical CPT/HCPCS identified in *Step 2* , by proceeding to *Step 5* ,
Value Bundled Revenue Codes identified in *Step 3* at $0.00

Step 5 - Determine if a CPT/HCPCS has a procedure specific rate by validating against RF126,
If Found
Select the rate found on RF126 for the claim dates of service/receipt date and Proceed to *Step 6*
If Not Found
Proceed to *Step 9*

Step 6 - Multiply the allowed units on the claim line by the amount found in *Step 5*
If a Modifier is present
Proceed to *Step 7*
If a Modifier is not present
Proceed to *Step 8*

Step 7 - If a Modifier or Modifiers are present on the line, if applicable validate against RF122 to determine the % or allowed amount to be applied to the CPT/HCPCS and/or Proceed to *Step 8*

Step 8 - Apply the Peer Group Multiplier to the valued amounts from Steps 5 through 8, as found on PR050 with a rate schedule type of PGM, and Proceed to *Step 10*

Step 9 - Apply the State Cost to Charge Ratio for the claim date of service and receipt date as found on RF618 with a rate schedule type of SCO, and Proceed to *Step 10*

Step 10 - Once all lines have been valued, add the allowed amounts for all lines to determine the claim allowed amount and Proceed to *Step 1* 1

Step 11 - Subtract Other Insurance Payments and Add Penalty or Subtract Discount Amounts as applicable.